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(((H24000358455 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

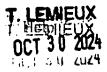
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TALK IT OUT THERAPY LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu



COVER LETTER

(((H24000358455 3)))

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

TALKHT	OUT THERAPY LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company			
	17350 STATE HWY 249	#220			
		Address			
	HOUSTON TEXAS 7706	54			
		City/State and Zip Code			
	EFILE1234@INCFILE.CO	JM to be used for future annual report no	Litication)		
For further information c	oncerning this matter, please c				
Name of Person		888462345	53		
		at () Area Code Daytit	ne Telephone Number		
Enclosed is a check for the	he following amount:				
(a) \$25,00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	i.a.		
Registration : Division of C		Registration Section Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TALK IT OUT THERAPY LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Lumited Liability Company)	
ne Articles of Organization for this Limited Liability Company were filed on 01/31/2024 and assigned orida document number L24000058111	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here: THERAPY LLC	
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	_
rincipal office address MUST BE A STREET ADDRESS)	- - -
nter new mailing address, if applicable: [Address MAY BE A POST OFFICE BOX]	- -
If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:	ered
Name of New Registered Agent:	-
New Registered Office Address: Enter Florida street address Florida Florida	_
City: F10110a Zip Code	ر – غائد
ew Registered Agent's Signature, if changing Registered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

10/29/2024 14:46:52 CDT Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000358455 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
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etive date, if other than ffective date is listed, the date if the date inserted in the ment's effective date on t	e must be specific a his block does not	and cannot be prior to timeet the applicat	date of filing or more	than 90 days afte	r filing.) Pursuant to	o 605.02 : listed
ord specifies a delayed eff filed.	ective date, but n	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (I	b) The 90th day	after tl
October 28th	<u> </u>	. 2024	. ·			
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Filing Fee: \$25.00